

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>212551990</b>								
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>Booz Allen Hamilton Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CT CORPORATION SYSTEM</b>  <b>4701 COX RD STE 301</b>  <b>GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>DE</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>11/30/2012</b></p> <p>SCC ID NO: <b>F0273997</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">CLASS</th> <th style="width: 60%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>5,000,000</td> </tr> <tr> <td>COMANV</td> <td>5,000,000</td> </tr> <tr> <td>COMB</td> <td>4,000,000</td> </tr> </tbody> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	5,000,000	COMANV	5,000,000	COMB	4,000,000
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COMB	4,000,000									
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 8283 GREENSBORO DR</p> <p style="text-align: center;">CITY/ST/ZIP: MCLEAN, VA 22102</p>										
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SAMUEL STRICKLAND  TITLE: PRESIDENT  ADDRESS: 8283 GREENSBORO DRIVE  CITY/ST/ZIP/CO: MCLEAN, VA 22102 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: SAMUEL STRICKLAND TITLE: PRESIDENT ADDRESS: 8283 GREENSBORO DRIVE CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR					
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NAME:	IAN FUJIYAMA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1001 PENNSYLVANIA AVE, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20004		
NAME:	MARK GAUMOND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8283 GREENSBORO DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	ALLAN HOLT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8283 GREENSBORO DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	ARTHUR JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8283 GREENSBORO DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	PHILIP ODEEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8283 GREENSBORO DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	CHARLES ROSSOTTI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1001 PENNSYLVANIA AVE, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20004		
NAME:	HORACIO ROZANSKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXECUTIVE VP		
ADDRESS:	8283 GREENSBORO DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	ROBERT OSBORNE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXECUTIVE VP		
ADDRESS:	8283 GREENSBORO DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	MARIE LERCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	8283 GREENSBORO DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	CHRISTINE LUCY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	8283 GREENSBORO DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	WILLIAM MEYERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	8283 GREENSBORO DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		

NAME:	DEBRA STORMS	<input checked="checked" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	8283 GREENSBORO DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DOUGLAS MANYA	DOUGLAS MANYA, SECRETARY	8/5/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			